SENIOR ESSAY

ON DEVELOPING A MINISTRY SURROUNDING DEATH

Submitted in Partial Requirement
for the Master of Divinity Degree

by

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April 11, 1974

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Date: April 18, 1974

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Date: April 24, 1974

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Atlanta, Georgia

7.18

To those who are left behind...

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INTRODUCTION

In accepting the challenge of the Christian ministry as a vocation, I recognized that one of my most difficult assignments would be overcoming and/or coping with my fear of death and its associated social happenings.

During my childhood, I had been fortunate in that the stark realities of death had not touched me from so close a vantage point as my own family. Mine was a relatively small family, moderately youthful, fortunately healthy, and fatality free. The deaths of friends and neighbors touched me emotionally to the extent that I was saddened by the knowledge of their deaths, but the fear of death kept me from attending their funerals and wakes.

My first personal encounter with the social activities surrounding death came during my junior year in high school when I was asked to serve as a pallbearer for my girlfriends cousin. Only the social pressure which requires that young men must be brave forced me to overcome my fear of death long enough to bear the burden of my trembling body and that casket. This encounter convinced me that I would either have to give up

my inclination towards the ministry as a vocation or face up to my fear until I could control it to the point that it did not interfere with the performance of my duties as a minister.

In this paper is a synopsis of the approaches I have developed during my years in the ministry which have helped me to minister with a degree of effectiveness to (1) persons who were dying, (2) the families of dying persons, and (3) the families of the deceased before the funeral, at the funeral, and after the funeral.

MINISTERING TO THE DYING

Probably the most difficult assignment I have ever had to undertake has been to minister to a person who is dying and knows it.

Initially, I feel that I transmitted my own fears regarding my eventual death to the person I was supposed to minister. I soon discovered that this was the wrong approach to make regardless of the dying person's response to his own situation. Those persons who have not yet accepted the prediction of their death find no usefulness in the fearful reactions of others. In as much as they have not come to accept death at this point in life, they are in search of alternatives - all of which have to do with continued life. The person who shows signs of accepting the patient's impending death before he does is an irritant and is not welcome in his presence.

The person who has come to accept the rapid approach of his life's end usually has come to acceptance after a period of fear, anger, and rejection of the idea. Depending on how distant he is from his decision to accept his death as inevitable, he is likely to respond in a negative way to the person who shows fear and pity for him.

However, those who are most sensitive about their bout with fear are more likely to be understanding and tolerant of the fearful visitor. In their book, *Counseling the Dying*,[1] Dr. Margaretta Bowers and her colleagues discuss the therapetic value of the role reversal encountered by the dying patient by suggesting that the dying person's life is sometimes prolonged as a result of his efforts in providing consolation to those persons who find it difficult to accept death - even the death of a loved one.

But when the fearful visitor is the minister who expected purpose it is to bring consolation to the situation, the patient is placed in the difficult position of trying to minister to one whose job it is to minister to him.

In the fall of 1969, I was called to the bedside of Cordell Robinson, a parishioner of the congregation I served. He had been told that because of a worsening heart condition his only chance to lead a normal life with average life expectancy was to undergo a heart transplant operation. In addition to our pastor-parishioner relationship, Cordell and I had become friends. When he told me of his predicament, I was aghast. Words of comfort escaped me. In fact, words of

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[1] Bowers, Counseling the Dying, (New York, Nelson & Sons) 1964

any nature escaped me as I dropped unprofessionally into the nearest chair. The visit was about to deteriorate when this man of faith turned it around by sharing with me his innermost thoughts from the time he had first been told about his condition until the hour he requested I be called to come. As I listened to him, I regained enough of my composure to provide some additional encouragement to him.

The experience with Cordell helped prepare me for a series of other similar encounters I was to have within the course of a year. Probably one of the most valuable lessons I learned was that the dying person is so keenly aware of his fate that attempts at trying to aveid the subject only make it more difficult for him to cope realistically with the issue at hand.

The difficulty of ministering to the dying is greatly accentuated by the person who has not yet come to accept the diagnosis of his life's potential. Most often, the terminally ill person at this stage is angry and fearful at the same time. The visit of the minister provides him with the opportunity to vent some of his hostility. He may aanounce his disbelief in the existence of God based on a belief that the good enjoy life while those who are bad are supposed to suffer...and there are people who are considered worse than he who

continue to enjoy life. On the other hand, he may express fear based on a feeling of guilt, either real or imagined, with reference to his participation in life. Dr. Avery Weisman, in his book *On Dying and Denying* suggests that the awareness of death's approach will often cause the most vicious person to repent of his wrong doing for fear of an after death punishment.

It has been my experience that the best way to deal with such occurences is to allow the patient to both vent his hostilities and/or express his fears with as few interruptions as possible.

Dealing with the questions is yet another matter. If the patient is angry, no answer really satisfies him. What he wants most is to continue living beyond the point that has been predicted that he will. As seemingly unproductive as the early visits appear to be, regular and frequent visits are very important so that when the anger subsides and resignation sets in, the pastor can provide the consolation and buttressing of faith that will assist him in living his remaining days at peace, to some degree. The minister who overcomes personal feelings of rejection and has the spiritual fortitude to minister to the dying persons needs at this point is exceptional.

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[2] Weisman, Avery D., On Dying and Denying (Boston, Behavioral Publications, Inc.) 1972

Ministering to the terminally ill person who has not been advised of his condition requires skillful handling by the minister. Initially, the patient should be treated the same as any person who is expected to recover from illness or surgery since it is not necessarily the assigned responsibility of the minister to inform the patient of his condition of health unless requested to do so by the patient's family or his attending physician.

Close pastoral ties should be maintained by the minister in the event that the patient's deteriorating state of health raises the level of his suspicions which might require the services of a pastor. If a relationship already exists, valuable time is not wasted establishing such a rapport as is necessary to provide an effective ministry under the circumstances.

My experiences in this realm lead me towards the belief that it is better if the terminally ill person is made aware of his condition of health. The lack of awareness works a hardship on the family, on friends who are told, and on the minister who is asked to minister to his needs secretly. Often, when it is discovered that others were aware of his condition prior to his being informed, the anger is compounded. What is more, there is seldom enough time left to effectively repair the rift in relationship and help the patient to

cope with the psychological ramifications of his situation.

However, there are those rare instances in which a person will have requested of his family and/or doctor that he not be advised relative to a terminal state of health. The patient's desires under such circumstances should be adhered to in every possible way.

MINISTERING TO THE FAMILY OF THE DYING

Family members sometimes find it much more difficult to adjust to the knowledge of a terminally ill patient's condition than does the patient. The reasons may stem from past family difficulties or the paranoia of the patient regarding his condition. In the case of the latter, Dr. Bowers and associates suggest:

> *Often in cases where the terminal patient is in terror and filled with feelings of persecution the family is particularly threatened. The paranoid condition that often accompanies senile dementia is hard on the family. The patient turns on those who have been closest to him with anger and bitter words. Here it may be important to aid the family by interpreting the meaning of the patient's behavior in a way that would enable them to transcend it. One explanation, a psychological one, is that the change in the personality of the patient is due to physical conditions which make a person behave in ways contrary to his feelings. Or a neurophysiological explanation may point out that as the arteriosclerotic condition advances, the limited blood supply to the brain forces the focal point of action from the higher nerve centers downward to the more primitive nerve centers, with the commensurate types of primitive emotions. Usually such explanations make it easier for the family to adjust to the behavior that that threatens them and complicates their relationship with the patient. The family should at such times be isolated from the patient, and they certainly need special help in overcoming the hostility which may cause devastating after-effects.* [3]

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[3] Bowers, Counseling the Dying, p. 59

Family members who suffer from guilt feeling based on an estranged relationship with the terminally ill person also need to receive the attention of the minister in assisting them to cope with the eventual death of a relative. These family members need to give vent to their feelings of guilt and receive the assurance that the relative's condition is not punishment for their part in the deterioration of the family relationship.

Family members and society as a whole tend to adjust to the condition of and aged person much more readily than to children, youth, young adults, and those who are middle aged. There is a natural expectancy that the aged have lived to the point for death to be the proper turn of events. However, when confronted with the apparent demise of a younger person, family members tend to go to pieces. The wise counsel of the minister in vital towards assisting them in accepting the role of death in the course of life.

In most cases, the family member most affected by the predicted demise of the patient is usually the spouse followed by other members of the immediate family, i.e., parents, children, siblings, etc. Because the other members of the family will generally rally to the support of the family member most affected, the minister needs to

take notice of that member of the family who is affected, but who is receiving little or no assistance in the expression of his feelings regarding the matter. Such a lack of visible response may indicate a need for an outlet for locked up emotions.

This is not to say that the minister should not pay proper attention to the family member most affected. Neither is it to suggest that there will always be such a family member as I have described. I intend merely to suggest that a broader view be taken of the family so as not to exclude someone whose signals for assistance may pass unnoticed.

In some cases where extreme emotional problems result from a family member's anxiety over the condition of the terminally ill patient, the minister may need to recommend to that family or other responsible members of that family that more intense psychiatric help be sought. Though the minister is a professional, rarely is his training sufficient to deal effectively with serious emotional problems.

The minister should consider making some visits to the family of the terminally ill person away from his bedside. The bedside vigil taxes members of the family to the extent that some relief must be programmed for the psychological and physical well-being of those family members. Additionally, periods away from the

bedside can assist the family in maintaining those life activities which will need to be continued after the demise of their loved one. Assistance in making plans for a continued existence is necessary at this point to help eliminate the crisis of reorganization after the funeral.

MINISTERING TO THE BEREAVED

An effective ministry to bereaved families should be three-fold: (1) before the funeral; (2) at the funeral; and (3) after the funeral.

When informed of the death of a person by a member of that person's family, the minister should plan to visit with that family at his earliest convenience to provide whatever consolation is needed and to assist the family in making plans for the funeral service if he is expected to officiate at the service. Unless the demise has been expected, most families will not have a working knowledge of what needs to be done to prepare for the funeral service. The minister's expertise in the area of conducting services of worship can be of immense value in helping the family compose a meaningful order of worship for the funeral. However, despite the minister's expertise in this area, he should not fall prey to the temptation of formulating details for the order of service without consultation with members of the immediate family.

It has been my experience that having a planned format for the order of worship for the funeral service

helps to facilitate and expedite the arrangements to be made. If the format is arranged so as to give the family the option of suggesting hymns and scriptures together with certain other optional details required to complete the order of worship, less tension is created than if they are asked to construct the entire order of service from scratch.

A much expected role of the minister during this time is that of comforter. The success with which he is able to fulfill this role will most often depend on his normal pastoral relationship with the members of the family. The minister's prior contact with the family under non-tragic circumstances will aid him in serving as comforter to them under stress.

The family hour, or wake, as it is commonly known, should also be taken into consideration during the planning stage. Some families seek to structure the time alloted for the benefit of those who may not be able to attend the funeral service. Others may desire that it be an informal time for the gathering of friends and relatives around the bier of the deceased. In either event, the minister needs to know which form it will take so as to prepare for his role therein should his services be required.

The public ministry to the bereaved family most

often takes place during the funeral service. The minister is in a position to give the service the proper tone which helps to provide the necessary benefit to the bereaved family. Even though the necessity for the service has been brought about by the death of the deceased, it must be remembered that the service is really intended to be of benefit to the living - primarily to the family and incidently to all who are present.

Because funerals are usually attended by those who are emotionally depressed, my approach in officiating is to direct the service towards de-emphasizing the emotional sensitivity of those attending. This is not to say that an attempt is made to deny the emotional involvement of those in attendance, but rather it is an attempt to deal rationally with the realities of death as a part of life for those of us who go on living. It is not a time for emotional preaching as much as it is a time for rational teaching.

If a person is injured in an accident, the doctor attending him does not seek to increase the injury, but rather dedicates himself to the process of healing. In my opinion, such ought to be the case of the minister in conducting the order of worship during the funeral. The deceased is no longer in need of healing, but those

who are referred to as survivors.

Some of the best tools to be used to accomplish the healing purpose during the funeral can be found in hymns and scriptures which express hope and faith within the realm of Christian doctrine. The eulogy should also follow this pattern to help offset the usual depression that we associate with death. Simply stated, consolation ought be the direct aim of the order of worship during the funeral directed towards the members of the family and those other persons who are in attendance. Little is gained by heightening the sensitivity to grieve on the part of those people who feel the weight of grief most keenly at the funeral which is the last physical sharing they shall have with the deceased.

One of the most effective ministries to the bereaved family usually takes place after the funeral. The value of the funeral is to formally dismiss the presence of the deceased in a physical way. But the spiritual and mental awareness of the deceased lingers on long after the body has been deposited in the grave. When there is nothing left to hang on to except the memory of what was and the desire for what could have been, the bereaved family member is in dire need of further comfort and consolation then than at any other time. The minister can help to fill this void with his

presence and provide a valuable therapeutic service to those who must try to pick up the pieces of life and continue living without the companionship experienced earlier.

One of my first lessons in the ministry surrounding death was to counsel with the bereaved after the funeral. During my intern year with the New Calvary Baptist Church of Detroit, I was assigned the responsibility of making post-eulogistic calls on several persons and reporting my findings to the senior minister. One of the persons visited was a widow whose husband had been dead about two weeks. Another was the widow of a man who had been dead for six months, but whose death was sudden and very much unexpected. The other visit was to a mother who son had died while in his early twenties. Weekly visits were paid to each of these women for a six week period to counsel and note the progress, if any, of each woman in overcoming grief to the extent that normal life activities were resumed at whatever level.

During the initial sessions with each woman, the level of emotional attachment was still high as evidenced by their tears in relating memorable experiences with the deceased persons. The widow of six months was glad to have someone with whom she could talk because most of her friends who would visit seemed to find some excuse to leave when the subject of her husband would

become the topic of their conversation. The more recent of the two widows found it very difficult to talk about her husband death or any of the other subjects I would suggest. Regardless of the subject of our conversation, she always wound up relating it to some experience she had shared with her deceased husband. The mother was the least tearful of the three and the least willing to share her thoughts concerning her son's life and death. There was one blatant similarity noticed in all three women as the sessions were evaluated at the end of the test period. In the intial discussions, each woman presented a view of the deceased as somewhat larger than life. However, as the sessions continued, each expressed minor faults which the deceased possessed. The widows were more open with their revalations in this regard than was the mother. However, I felt that the mother felt a certain obligation to protect the reputation of her son even in his grave.

These sessions taught me the importance of ministering to the needs of the bereaved family at points after the funeral to assist them in a return to a normal level of life's activities, hopes, and desires.

REFERENCE LIST

Bowers, Margaretta; Jackson, Edgar N.; Knight, James A. and LeShan, Lawrence Counseling the Dying. *Thomas Nelson and Sons: New York, 1964.*

Dicks, Russell L., and Kepler, Thomas S. And Peace at Last. *The Westminster Press: Philadelphia, 1953.*

Choron, Jacues, Death and Western Thought . *The Macmillan Company; New York, 1963.*

Herzog, Edgar Psyche and Death. *G. P. Putnam's Sons; New York, 1967.*

Toynbee, Arnold; Mant, A. Keith; Smart, Ninian; Hinton, John; Yudkin, Simon; Rhode, Eric; Heywood, Rosalind; and Price, H. Man's Concern with Death. *McGraw-Hill Book Co.; New York, 1968.*

Weisman, Avery D. Dying and Denying *Behavioral Publication, Inc.: Boston, 1972.*